PART B - FEE(S) TRANSMITTAL

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nonprovisional	NO	\$1400		\$300	\$1700	02/14/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
LEVIN, NAUM B		2825		716-018000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. XX "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 register	nting on the patent front page, I ames of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the named patent attorneys or agents. If name will be printed.	a member a 2 Wa	chmeiser, Olsen atts; Anthony anale

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not b				
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
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Authorized Signature Jack P. Friedman	Date 11/25/2005			
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